

**Ten-Year Plan
to End Homelessness in Cambridge**

City of Cambridge

May 17, 2005

Executive Summary

Ten-Year Plan to End Homelessness in Cambridge

In September 2004, City Manager Robert W. Healy and Mayor Michael A. Sullivan appointed a broad-based committee to develop a Ten-Year Plan to End Homelessness in Cambridge. Mayor Sullivan has chaired the committee, which joins communities around the country in the development of similar plans at the urging of the U.S. Interagency Council on Homelessness and the U.S. Department of Housing and Urban Development. While the committee has every hope and desire that the plan succeed, development has been difficult in the face of the Federal government's diminution of resources that have supported the City's work to end homelessness, such as the Section 8 program and support for public housing, as well as the threatened cutbacks to CDBG.

The Cambridge Environment

Cambridge is a small, densely populated city of 101,355, more racially and linguistically diverse and more highly educated than most other communities. Over 40% of Cambridge residents are of low and moderate income by HUD's definition.

While the housing stock in Cambridge tends to be older, most appears to be fairly well maintained. Abandoned houses or those taken in tax title are very rare. About half of Cambridge's housing stock is located in multi-family buildings containing five or more units. Less than a third of all units are found in one and two-family dwellings. About 16% of the stock (7,000 units) is publicly assisted, affordable housing, owned by nonprofits, the Cambridge Housing Authority, or private landlords. Between 1979 and 1999, the number of Single Room Occupancy (SRO) units, a significant resource for low-income individuals in the past, has plummeted from 502 to 171.

In 2004, the National Low Income Housing Coalition ranked Massachusetts the second least affordable State in terms of housing cost. The scarcity of vacant land for any purpose and the desirability of living in Cambridge have long combined to keep prices of residential real estate very high. Market rates for the purchase or rental of housing, however, have skyrocketed since the end of rent control in 1995. An analysis prepared by the City's Community Development Department indicated that in 2003 a household would have needed an income of \$149,000 to purchase the median-priced single family home (\$610,000) in Cambridge, or an income of \$92,000 to rent a market rate three-bedroom apartment (\$2,300). These high costs render local housing unaffordable for most homeless persons -- and virtually all chronically homeless persons -- in the absence of a subsidy. The National Alliance to End Homelessness estimates that the average homeless household's income is at or below 15% of Area Median Income.

Information on Homeless People in Cambridge

In January 2005, Cambridge's annual homeless census counted 501 homeless persons, including 42 families in shelters or transitional housing programs, and 388 single adults, including 41 unsheltered adults. Homeless census numbers appear to have remained fairly constant or risen gradually from year to year despite the entry of some homeless people into housing. As homeless people are placed in housing, others replace them in the homeless service system or on the streets. Geopolitical borders are "porous" and homeless people from throughout the area may travel in search of resources. Cambridge is also near State institutions that discharge clients into the community.

Homelessness may be largely economic or it may be related to substance abuse, mental illness, incarceration, domestic violence, household disintegration, and/or eviction. Homelessness may be brief and situational, it may be episodic and interspersed with periods in housing, or it may be long-term. Cambridge providers have estimated that there are 194 sheltered and 39 unsheltered chronically homeless persons in Cambridge

Affordable Housing Initiatives in Cambridge

As part of its long-standing commitment to serving the housing needs of low and moderate-income residents, the City formed the Cambridge Affordable Housing Trust in 1989 to aid in preserving the socioeconomic, racial, and ethnic diversity valued by City residents. Since the end of rent control in 1995, the City has created or preserved more than 2,700 affordable units through a variety of approaches. The Inclusionary Zoning Ordinance requires developers of any new or converted residential development with 10 or more units to provide 15% of the base number of units as affordable housing. The Incentive Zoning Ordinance requires non-residential developers of a project requiring a Special Permit that authorizes an increase in the permissible density or intensity of a particular use to mitigate the impact of their development through a contribution to the Trust.

The Cambridge Housing Authority (CHA) operates 1,497 family units and 1,244 elderly/disabled units in public housing, 2,647 units of subsidized leased housing in the community and 262 units of affiliate housing. The total population in all of these units plus those developed with CHA affiliate agencies is 10,695; and waiting lists are as long as six years. The Housing Authority faces the added challenges of developing housing in the absence of a Federal or State public housing production program and new Section 8 vouchers that can be project-based to ensure that rents do not exceed 30% of the tenant's income.

Current Residential and Service Mix for the Homeless

Cambridge providers operate emergency shelters and transitional housing for individuals and families. Street outreach programs targeting homeless and runaway youth/young adults, unsheltered women, and chronically homeless adults with substance abuse and/or mental illness are on the street for over 100 hours each week. Churches, shelters and other local organizations serve lunches and dinners every day of the year.

The Cambridge Continuum helps to prevent homelessness and to assist already homeless people in transitioning into housing. Between 2002 and 2004, Cambridge providers placed 363 homeless individuals (including at least 174 chronically homeless persons) and 155 homeless families into housing. During that time, the City's Multi-Service Center and community providers assisted in resolving landlord-tenant problems and mobilized financial resources to assist some 900 at-risk households to remain in their homes or to obtain more stable housing. The Continuum has added or received approval for four scattered-site and two fixed-site Permanent Supported Housing programs. The network of over a dozen providers offers case management, drop-in programming, legal assistance, money management and representative payee services, housing search assistance, education and employment services, voicemail access, and more.

To address the needs of homeless disabled persons, the Continuum includes residential and interim support for meeting basic needs and remedial support to help them develop the skills, resources, and self-confidence they need to obtain and retain permanent housing. Services can address the distinct needs of homeless people with mental, emotional, or substance abuse disabilities, or HIV/AIDS. Addressing chronic homelessness has been an ongoing concern of Cambridge service providers since before the birth of the "Continuum" concept. With the help of McKinney (SuperNOFA) funding, over the past two years we have been able to expand our local capacity to more directly transition chronically homeless persons to Permanent Supported Housing.

Ten-Year Plan Committee Recommendations

Federal Commitments

The Federal government should most immediately assist communities to move toward ending homelessness by fully funding the Section 8 program to retain the current voucher holders and to add new ones. Full funding of Section 8 should not take place at the expense of other programs such as public housing, HOME and now-threatened CDBG. Housing Authorities need the ability to provide project-based subsidies, long a staple of affordable housing development.

The Federal government must fund a national affordable housing trust to greatly increase housing production, possibly utilizing a small portion of pretax profits from Freddie Mac and Fannie Mae.

HUD should revise the McKinney “bonus grants” formula and significantly increase funding for new permanent supported housing programs, while allowing communities to protect ongoing effective programs. The formula should allow for adequate funding of supportive services in housing.

More adequate Federal funding should be made available for mainstream programs that play a role in preventing or ameliorating homelessness, including Medicaid, the Substance Abuse and Mental Health Block Grants and vocational rehabilitation. Current Federal prohibitions on the use of Medicaid for incarcerated persons should be lifted to provide for pre-release substance abuse and other treatment.

State-Level Changes

It is imperative that Governor Mitt Romney push for Federal and State budgets that commit adequate resources for affordable housing.

The State must coordinate with local providers and enhance its discharge planning efforts, especially in the corrections and substance abuse treatment systems, and improve access to State-administered benefits programs. Treatment for substance abuse and mental illness before release of prison inmates is crucial, as is better preparation and resources for employment and housing. Gains already made in planning and services for Department of Mental Health clients should be maintained and augmented.

The State should also insure that mental health and substance abuse treatment are available for the homeless even before they qualify for Medicaid for the disabled.

The State should find a way to mobilize Medicaid, DMH, and DPH funds for the purpose of housing and providing case management and clinical stabilization services to chronically homeless persons who have been identified as having a history of disproportionate use of emergency room, police, ambulance, and other emergency services. These State resources should be available to Continuum health and social service providers on a flexible basis, without the usual categorical eligibility guidelines, and without the usual constraints on allowable uses.

The State needs to fund development of new public housing units, recapitalize the Massachusetts Rental Voucher and the Alternative Housing Voucher Programs. It is also essential that the State provide adequate funding to operate and renovate State public housing.

The State should extend unconditional support to all foster children up to the age of 21, rather than the current practice of discontinuing aid at age 18 for many.

Local Initiatives

Advocates should work with the City to develop and implement a public education campaign to help residents understand the human side of homelessness, and the effectiveness of local initiatives in ending homelessness over time.

Cambridge should preserve existing housing resources for the homeless and other low-income people, including the 30 McKinney Shelter + Care units now in jeopardy at the Cambridge Family YMCA.

Cambridge homeless service providers should prioritize identification of veterans who are seeking services for referral to the New England Shelter for Homeless Veterans or other veteran shelters.

Using funding streams that have typically supported the City’s affordable housing initiatives, providers should develop small-scale stand-alone housing based on an accelerated housing placement model for families and individuals, and should acquire a site and construct a larger-scale SRO facility.

Nonprofit and other landlords should increase the availability of rental units where people exiting homelessness can use their McKinney rental subsidies or Section 8 subsidies where available.

The City should consider a percentage housing unit setaside for people with very low incomes (30% AMI or below) through the City's housing production programs, also considering giving preference to applicants who are homeless, from within the setaside.

The Center for Joint Housing Studies at Harvard should sponsor a forum for elected and appointed municipal officials to discuss what local governments realistically can do, and to press the State and Federal governments to live up to their responsibilities in the areas of housing and homelessness.

The City should continue to support the Cambridge Continuum of Care planning process, which has resulted in the development, operation, and coordination of the broad range of programs that work to prevent and address homelessness in Cambridge. Under the leadership of the City's Department of Human Service Programs (DHSP), the Continuum of Care planning process has ensured that a multiplicity of public and private resources has been brought to bear on the problem of homelessness, and that those resources have been used as effectively as possible to address ongoing needs. The Continuum's planning process has effectively prevented wasteful duplication of effort, and has ensured an exemplary level of cooperation among providers. The Continuum's ongoing planning efforts, as reflected in the City's most recent application to HUD for McKinney funding, are entirely consistent with the work and recommendations of the Ten-Year Plan Committee, and should continue to receive the leadership and support of DHSP staff.

REVIEW OF THE TEN YEAR PLAN TO END HOMELESS IN CAMBRIDGE: 2005-2014

HUMAN SERVICES AND VETERANS COMMITTEE PUBLIC MEETING

JANUARY 14, 2015

PROGRESS AND CHALLENGES

PROGRESS

- Significant increase in number of formerly homeless residents now in permanent supported housing
- Continued Federal/State Government policy shift towards supporting housing rather than shelter
- Development of Police Department's Homeless Outreach Unit with expertise in working with Homeless individuals and broader community
- Strengthened Cambridge Continuum of Care planning process engaging homeless service providers has improved data collection and coordination of services
- Significant expansion of affordable housing in Cambridge including some units for formerly homeless individuals
- Collaboration between Cambridge Police Department, Pro Ambulance, Cambridge Health Alliance Emergency Department, Healthcare for the Homeless, CASPAR's 1st Step Outreach Team, and other providers.

CHALLENGES

- Huge gap between market rents and allowable Fair Market Rent HUD permits makes finding housing units in Cambridge very difficult
- Homelessness is regional problem so shelter beds always filled even as some people move to housing
- Individual and families stuck in transitional housing
- HUD focus on permanent housing means less reliable funding for supportive services
- Difficult policy choices about where to give priority for affordable housing

THE HOUSING / HOMELESS ENVIRONMENT: THEN AND NOW

Cambridge Household Median Income

1999	\$59,423
2012	\$70,757

Median Advertised Cambridge Rent for a 1 Bedroom

2005	\$1500
2014	\$2385

HUD Fair Market Rent (FMR) for a 1 Bedroom

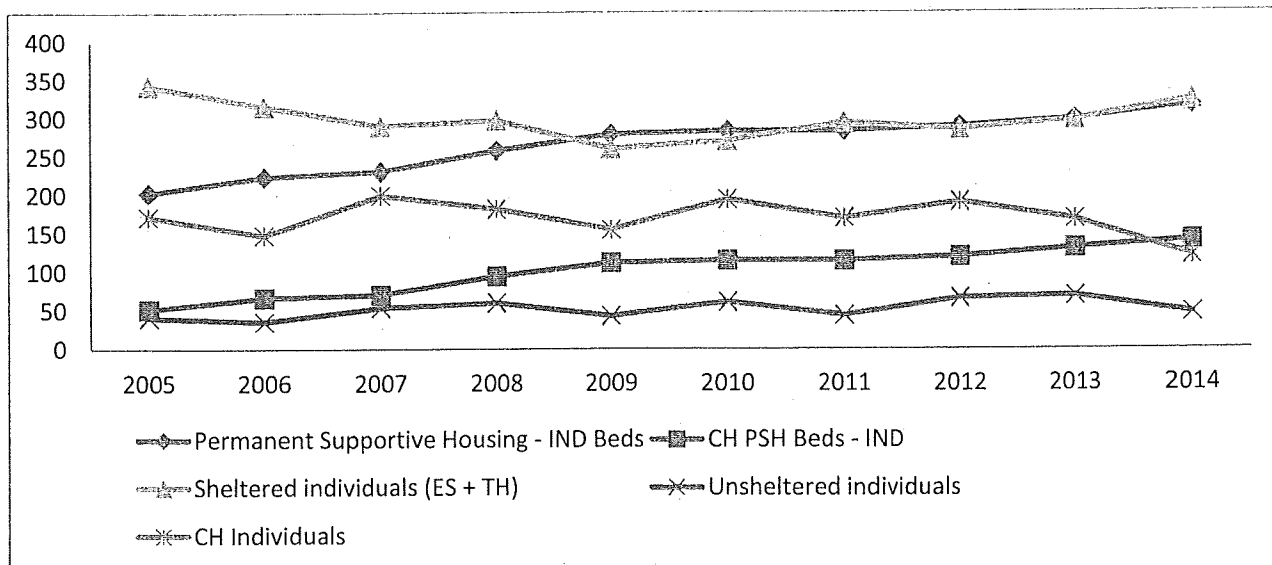
FY 2005	\$1,077
FY 2015	\$1,196

Annual Homeless Point In Time Count of Individuals (*Need*) and Inventory of Permanent Supportive Housing Units (*Resource*)

INDIVIDUALS

The chart below shows that the number of individuals experiencing homelessness has remained relatively stable over the past 9 years, despite significant growth in the number of PSH units for individuals and CH dedicated units.

FIGURE 1. INDIVIDUAL PIT, HIC: 2005 - 2014



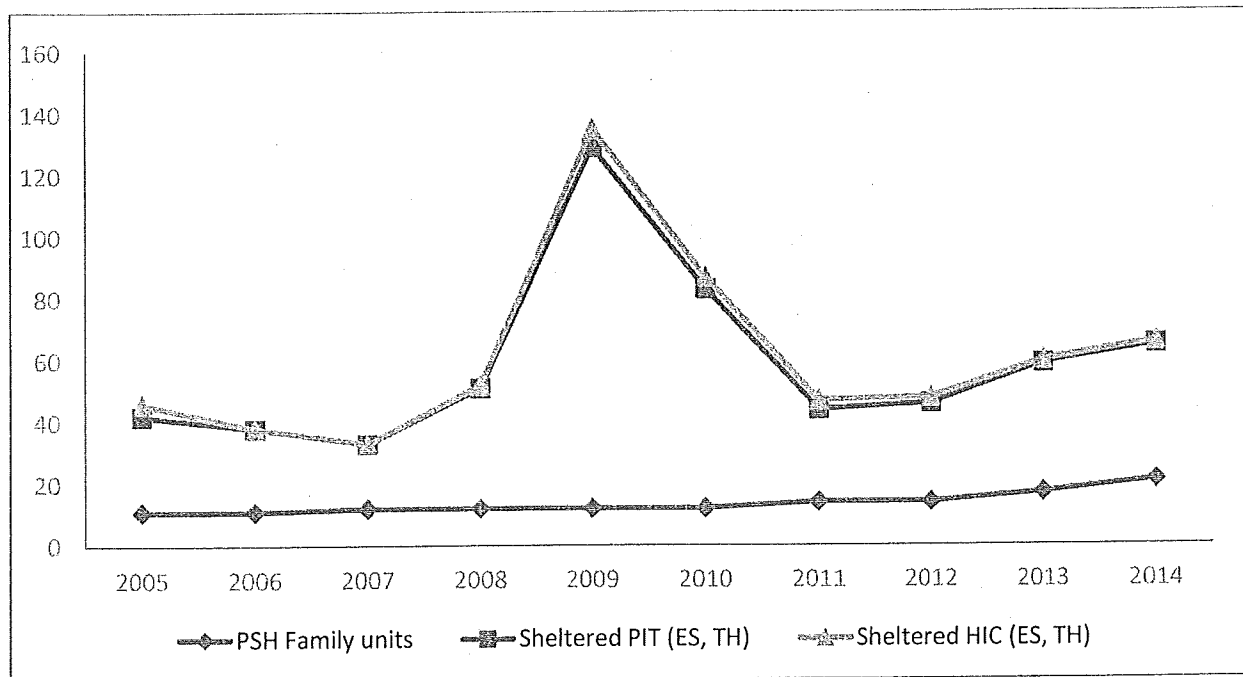
NOTES

1. The count of PSH beds for individuals excludes HUD-VASH vouchers assigned to the CHA.
2. The count of CH PSH beds is a subset of the total number of PSH IND beds.

Counts of individuals and families meeting HUD's definition of chronic homelessness are collected as part of the annual Point-in-Time (PIT) count process. These data provide some indication of changes over time, but much of the fluctuation is likely due to data quality issues.

FAMILIES

FIGURE 2. FAMILIES PIT, HIC: 2005-2014



NOTES

1. The dramatic increase/decline in the number of families and family units is a result of the State's use of the Gateway Inn to house homeless families in 2008-2010.

Shelter/ Transitional Housing Inventory (Beds/ Units) for Homeless Individuals and Families

	2005			2014		
	Persons	Beds	Utilization	Persons	Beds	Utilization
Individuals						
Emergency Shelter	223	219	102%	223	231	97%
Transitional Housing	120	119	101%	100	103	97%
Unsheltered	41			47		
TOTAL	384	338		370	334	

		2005			2014		
		Families	Units	Utilization	Families	Units	Utilization
Families	Emergency Shelter	29	33	88%	30	31	97%
	Transitional Housing	13	13	100%	35	35	100%
	Unsheltered						
	TOTAL	42	46		65	66	

Homeless Prevention Services:

- Cambridge MultiService Center provided homeless prevention and general assistance to 900 individuals and families in FY 2005; 878 in FY 2014
- Ongoing prevention services are provided by nonprofit partners
- New STAR Program (Support for Tenants at Risk) began in 2013

Street Outreach Services:

- The Bay Cove/CASPAR 1st Step Outreach Team staffed at 100 hours per week (same as 2005)
- Bridge Over Troubled Waters Medical Outreach Van has weekly hours in Harvard Square

Other Supportive Services (Housing Search, Meals, Case Management, Legal, Educational, Mental Health, Healthcare):

- Most continue although staffing has been reduced in some cases
- 4 HUD-funded supportive services only programs were closed in 2014 due to HUD funding losses (Educational Services, Drop-in & Case Management Services)

PROGRESS WITH AFFORDABLE HOUSING INITIATIVES

Community Development Department (CDD) Projects

City/Trust-funded Rental preservation & production since 2005

Homeless specific projects:

- 3 properties
- 38+ units

Other new low income rental:

- 13 properties
- 238+ units

Other preserved low income rental:

- 11 properties
- 688+ units

OTHER HOUSING ASSISTANCE:

Inclusionary Zoning Rental Units

- 400 completed units
(potentially available to low-income tenants with vouchers)

Formerly homeless tenants housed in IZ units:

~15-20+ to date

CHA Housing Choice Vouchers

2005	2909
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2014	3186
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- Average growth is 1% per year
- 2-5 year average wait time

OBSTACLES AND CHALLENGES: THEN AND NOW

- Homelessness in an urban area is a regional issue. Porous borders result in an ongoing new influx of homeless individuals (known as the front door of homelessness)
- High cost of housing/ Requirement that all new units be located in Cambridge
- Little growth in federal housing voucher program (Housing Choice Voucher program)
- Scarcity of vacant land and high cost of development for affordable housing
- Decline in new units created through HUD's NOFA process
- Challenge of funding supportive services

CREATION AND WORK OF CAMBRIDGE POLICE DEPARTMENT- HOMELESS OUTREACH TEAM

10 YEAR PLAN RECOMMENDATIONS: LOCAL LEVEL

<i>Recommendation</i>	<i>Status</i>
1) Campaign to help Cambridge residents understand homelessness	Cambridge nonprofit organizations serving the homeless populations have used various forms of media to educate the public about the experience of homelessness and illustrate successes.
2) Preserve existing housing resources for homeless	<p>The Shelter Plus Care project that was in jeopardy in 2005 was successfully preserved (30 units).</p> <p>The Community Development Department (CDD) has successfully intervened on multiple expiring use properties, resulting in the retention of affordable units and preventing further displacement.</p>
3) Identification of homeless veterans	Housing homeless veterans is a priority of the Obama Administration and a HUD focus area. This has resulted in increased housing and support services for this population. Data collection improvements have resulted in homeless veterans being identified via a Homeless Management Information System (HMIS).
4) Develop small scale, stand-alone housing	<ul style="list-style-type: none"> • 3 homeless specific projects owned by local nonprofit: Heading Home -Rindge Ave / Lopez Ave/ Concord Ave • CHA has entered into partnerships with nonprofits at scattered sites and existing project-based locations for special needs populations.
5) Acquire a site and construct a large-scale SRO project	A large congregate housing site for a special needs population is contrary to current best practices. HUD would not approve a congregate homeless development over 16 beds and would encourage a scattered-site, housing first

	model.
6) Non-profits/ other landlords should increase units where McKinney subsidies and vouchers will be accepted	<p>Identifying Cambridge landlords who will accept subsidies remains extremely difficult (partly due to the significant competition for available units).</p> <p>HUD CoC leasing dollars only funds units up to the FMR amount—there are little to no units in Cambridge in this price range.</p> <p>HUD is requiring all new homeless PSH units to be located in Cambridge.</p>
7) City should consider a set-aside for very-low income residents	<p>There have been several projects developed that include units for very-low income eligible individuals and families. These resources are significantly outpaced by the need.</p> <p>However, we are currently working on a small pilot with CDD and a local nonprofit to potentially pair homeless assistance with units available through the Inclusionary Zoning Program.</p>
8) Consider preference for homeless	<p>CHA has a preference for applicants living in a Cambridge shelter or Transitional Housing facility</p> <p>CDD has a preference for Inclusionary Zoning applicants with emergency needs, including homelessness.</p>
9) Harvard (Center for Joint Housing Studies) should sponsor forum for elected and appointed officials, re: what local government can realistically do about housing and homelessness	<p>Forums on housing and homelessness have happened at Harvard over the past 9 years, including an address by the HUD Secretary in 2014.</p>
10) Support Cambridge CoC Planning process	<p>The Cambridge CoC planning process has evolved due to the reauthorization of the McKinney-Vento Act in 2009—now known as the HEARTH Act. Critical structural changes (related to program categories, HUD priorities, and governance) were implemented in 2014. Regulatory requirements of the programs have increased and funding for the CoC Program remains unpredictable (dependent on federal budget). Reductions to the CoC Program happened for the first time in FY13—4 local supportive service programs were lost.</p> <p>HUD priorities have changed and are focused on prioritizing the Chronically Homeless population; funding housing rather than services; encouraging rapid re-housing rather</p>

than shelter; emphasizing Housing First as opposed to housing readiness; and leveraging non-CoC funds to pay for services.

City of Cambridge Homeless Services Continuum of Care

SUPPORTIVE SERVICES

PREVENTION AND RAPID REHOUSING SERVICES

The Multi-Service Center (MSC) offers a range of prevention-related assistance, including on-site case management, referral for free legal assistance or free/low cost mediation services prevent eviction, and help accessing special funds that can pay rent arrears to prevent eviction, or help cover the up-front costs of moving to a new apartment. Rapid Rehousing assistance includes financial assistance and stabilization services for people moving out of emergency shelters into permanent housing.

STREET OUTREACH AND DROP-IN SERVICES

CASPAR's FirstStep Street Outreach program and Elliot Community Human Services' FirstStep Mental Health Expansion program provide 80 hours of dedicated street outreach focused on identifying and engaging with unsheltered persons, encouraging acceptance of services, and assisting in accessing those services. On the Rise and Youth on Fire operate low threshold drop-in programs that target unsheltered persons, offer clinical and case management services, and access to basic needs including food, clothing, phones and showers.

CASE MANAGEMENT AND OTHER SUPPORTIVE SERVICES

The Cambridge Continuum includes a variety of McKinney-Vento funded supportive services programs to assist persons experiencing homelessness address their income, employment, education, money-management, legal, housing and other related needs, so that they can obtain and retain housing.

RESIDENTIAL SERVICES

EMERGENCY SHELTERS

220 beds for individuals; 33 units for families

For Individuals:	Beds:
First Church Shelter	14
Salvation Army Emergency Shelter	50
CASPAR – Emergency Services Center	107
Heading Home Shelter	21
Harvard Square Homeless Shelter	28*
For Families:	Units:
Hildebrand – DHCD	15
YWCA DHCD shelter	10
For Individuals and Families:	Units:
Transition House DV Shelter	8

*HSHS is a seasonal shelter that is open from November to April each year.

TRANSITIONAL HOUSING

83 beds for individuals; 39 units for families

For Individuals:	Beds:
AACYMCA ETP	5
AAC YWCA ETP	5
North Charles Bridge	5
Carey Program	22
Salvation Army Umoja	20
CASPAR GROW House	7
CASPAR WomanPlace	10
Heading Home YWCA	9
For Families:	Units:
Heading Home - CHA FOS	15
Heading Home - CHA United Way	15
For Individuals and Families:	Units:
Transition House TLP (DV)	9

PERMANENT SUPPORTIVE HOUSING

306 beds for individuals; 32 units for families

For Individuals:	Beds:	Beds:	
Heading Home My Place	6	HomeStart Key	41
Heading Home Solid Ground	6	Vinfen 5 Condos PSH	5
Heading Home Midpoint	5	Heading Home TRA	9
Heading Home Duley House	14	SRO PRA @ YMCA	30
Heading Home PSH Expansion	5	YMCA Sec. 8 SRO	35
CASCAP Cambridge St. PSH	3	YMCA Sec. 8 SRO	29
CHA St. Paul's PSH	8	Ruah House Sec. 8 SRO	7
New Communities – 116 Norfolk	8	Cornerstone Sec. 8 SRO	10
HomeStart Open Door	28	205 Green St. Sec. 8 SRO	10
HomeStart Going Home	5	Heading Home Stepping Stone	6
Heading Home H2H	21	Vinfen CBFS	3
AAC Youth Housing Program	12		

As an entity, a CoC serves two main purposes. First, to develop a long-term strategic plan and manage a year-round planning effort that addresses: identifying needs of homeless individuals and households; availability and accessibility of existing housing and services; and opportunities for linkages with mainstream housing and services. Second, the CoC prepares the annual application for McKinney-Vento competitive grants. The Homeless Services Planning Committee (HSPC) is the main decision-making body of the Cambridge Continuum of Care that meets on the second Thursday of each month at 9 am.

